



KAS-189

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

A. SHIMASE et al

Serial No. 10/634,775

Group Art Unit: 2863

Filed: August 6, 2003

Examiner: M. NGHIEM

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER USING THE SAME

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

May 16, 2005

Sir:

In Reply to the Office Action mailed February 16, 2005,
please amend the above application as set forth below.

05/18/2005 HALI11 00000008 10634775

01 FC:1201

800.00 DP

FORM PTO-1083



PATENT

Case Docket No. KAS-189

In RE application of A. SHIVASE et al

Serial No.: 10/634,775

Group Art Unit: 2863

Filed: August 6, 2003

Examiner: M. NGHIEM

For: SAMPLE DISPENSING APPARATUS AND
AUTOMATIC ANALYZER USING THE SAMEAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

| (COL. 1) | (COL. 2) | (COL. 3) |
|----------------------------------|---------------------------------|---------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra |
| Total * 19 | Minus ** 23 | = 0 |
| Indep. * 8 | Minus *** 4 | = 4 |

☐ First Presentation of Multiple Dependent Claims

SMALL ENTITY

| Rate | Additional Fee |
|-------|----------------|
| x 9 | \$ |
| x 42 | \$ |
| + 140 | \$ |
| Total | \$ |

OR

OTHER THAN A
SMALL ENTITY

| Rate | Additional Fee |
|-------|----------------|
| x 18 | \$ 0 |
| x 200 | \$ 800 |
| + 280 | \$ 0 |
| Total | \$ 800 |

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A check in the amount of \$ 800.00 is attached in payment of:
CREDIT CARD FORM FOR 4 ADDITIONAL INDEP CLAIMS.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: May 16, 2005